

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American College of Radiology Association PAC

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		858900.63
(b) Cash on Hand at Beginning of Reporting Period.....	834210.88	
(c) Total Receipts (from Line 19)	127941.30	318632.61
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	962152.18	1177533.24
7. Total Disbursements (from Line 31).....	124621.35	340002.41
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	837530.83	837530.83
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American College of Radiology Association PAC

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	107858.51	268181.53
(ii) Unitemized	20082.79	50451.08
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	127941.30	318632.61
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	127941.30	318632.61
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	127941.30	318632.61
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	127941.30	318632.61

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	1638.49	3251.94
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1638.49	3251.94
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	106000.00	260500.00
24. Independent Expenditures (use Schedule E)	16982.86	76250.47
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	124621.35	340002.41
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	124621.35	340002.41

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	127941.30	318632.61
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	127941.30	318632.61
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1638.49	3251.94
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1638.49	3251.94

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 103
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

A. David Abramowitz
 Full Name (Last, First, Middle Initial)
 Mailing Address 12 Stony Point Rd
 City Charleston State WV Zip Code 25314-1670
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kanawha Valley Radiology, Inc. Occupation Diagnostic Radiologist
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 272.73

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2016
Transaction ID : C3290846
 Amount of Each Receipt this Period
 272.73
 Memo Item

B. Saurabh Agarwal MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 70 Westfield Dr
 City East Greenwich State RI Zip Code 02818
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RIMI Occupation Diagnostic Radiologist
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 26 / 2016
Transaction ID : C3291074
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Mark David Alson
 Full Name (Last, First, Middle Initial)
 Mailing Address 6641 N Forkner Ave
 City Fresno State CA Zip Code 93711-1326
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sierra Imaging Associates Occupation Diagnostic Radiologist
 Receipt For: 2014
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 27 / 2016
Transaction ID : C3284200
 Amount of Each Receipt this Period
 75.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	597.73
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)
A. Douglas R Andrews

Mailing Address St Mary's Hospital
707 South Mills St

City Madison State WI Zip Code 53715-0450

FEC ID number of contributing federal political committee. **C**

Name of Employer Madison Radiologists, SC Occupation Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
03 / 23 / 2016
Transaction ID : C3283203

Amount of Each Receipt this Period
350.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Wesley A Angel MD

Mailing Address 8563 Kettering Dr

City Cordova State TN Zip Code 38016-4552

FEC ID number of contributing federal political committee. **C**

Name of Employer Memphis Radiological PC Occupation Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt
03 / 05 / 2016
Transaction ID : C3270862

Amount of Each Receipt this Period
10.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Wesley A Angel MD

Mailing Address 8563 Kettering Dr

City Cordova State TN Zip Code 38016-4552

FEC ID number of contributing federal political committee. **C**

Name of Employer Memphis Radiological PC Occupation Radiologist

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt
03 / 29 / 2016
Transaction ID : C3285308

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	460.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 103
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)
A. Howard J Ansel

Mailing Address 8310 Cedar Lake Rd S

City State Zip Code
Saint Louis Park MN 55426-2418

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
University of Minnesota Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 17 / 2016
Transaction ID : C3278631

Amount of Each Receipt this Period
1000.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Kyle Jacob Antes

Mailing Address 8200 Walnut Hill Ln

City State Zip Code
Dallas TX 75231-4426

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Texas Oncology Dallas Physicist

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 15 / 2016
Transaction ID : C3276741

Amount of Each Receipt this Period
250.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Michael Kemal Atalay

Mailing Address 70 Bailey Blvd

City State Zip Code
East Greenwich RI 02818-1454

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Rhode Island Medical Imaging Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 14 / 2016
Transaction ID : C3282305

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 103
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)
A. James J Baek

Mailing Address 1701 Stonehenge Rd

City Charleston	State WV	Zip Code 25314-1675
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FEC ID number of contributing federal political committee. **C**

Name of Employer Kanawha Valley Radiology	Occupation Diagnostic Radiologist
--	--------------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
272.73

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2016
Transaction ID : C3290847

Amount of Each Receipt this Period
 272.73

Memo Item

Full Name (Last, First, Middle Initial)
B. Mack K Bandler

Mailing Address 2656 Oak View Cir

City Medford	State OR	Zip Code 97504-6320
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FEC ID number of contributing federal political committee. **C**

Name of Employer Medford Radiology Group	Occupation Diagnostic Radiologist
---	--------------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 29 / 2016
Transaction ID : C3285435

Amount of Each Receipt this Period
 1000.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Stephen M Bejvan

Mailing Address N2302 Falling Wing Ln

City Hortonville	State WI	Zip Code 54944-9374
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FEC ID number of contributing federal political committee. **C**

Name of Employer Monroe Clinic	Occupation Diagnostic Radiologist
-----------------------------------	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 28 / 2016
Transaction ID : C3292151

Amount of Each Receipt this Period
 300.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1572.73
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 103
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

A. Michael David Beland MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 10 Keyes Ct
 City East Greenwich State RI Zip Code 02818-1450
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rhode Island Medical Imaging Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 03 / 14 / 2016
Transaction ID : C3282306
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Jacqueline Anne Bello
 Full Name (Last, First, Middle Initial)
 Mailing Address 115 Central Park W 21D
 City NY State NY Zip Code 10023
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Montefiore Occupation Radiologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 03 / 29 / 2016
Transaction ID : C3285399
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. William R Benedetto JR
 Full Name (Last, First, Middle Initial)
 Mailing Address 390 Ponderosa Ln
 City Kalispell State MT Zip Code 59901-6835
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northwest Imaging Occupation Diagnostic Radiologist
 Receipt For: 2016 Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 03 / 10 / 2016
Transaction ID : C3276881
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1750.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)
A. Harold F Bennett

Mailing Address 928 University Bay Dr

City Madison State WI Zip Code 53705-2249

FEC ID number of contributing federal political committee. **C**

Name of Employer Madison Radiologists, SC Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **03 / 23 / 2016**

Transaction ID : C3283201

Amount of Each Receipt this Period **500.00**

Memo Item

Full Name (Last, First, Middle Initial)
B. Stuart Bentley-Hibbert MD

Mailing Address 4 Chateau Ridge Dr

City Greenwich State CT Zip Code 06831-2940

FEC ID number of contributing federal political committee. **C**

Name of Employer Columbia University Medical Center Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt **03 / 10 / 2016**

Transaction ID : C3295547

Amount of Each Receipt this Period **5000.00**

Memo Item

Full Name (Last, First, Middle Initial)
C. Kenneth G Berkenstock

Mailing Address Lancaster Radiology Associates
PO Box 3555

City Lancaster State PA Zip Code 17604-3555

FEC ID number of contributing federal political committee. **C**

Name of Employer Lancaster Radiology Associates Occupation Radiation Oncologist

Receipt For: 2016 Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **252.00**

Date of Receipt **03 / 03 / 2016**

Transaction ID : C3279772

Amount of Each Receipt this Period **84.00**

Memo Item

SUBTOTAL of Receipts This Page (optional)..... **5584.00**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 103
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

A. Timothy Andrew Bernauer
Full Name (Last, First, Middle Initial)

Mailing Address 13 Pintail Pl

City Appleton State WI Zip Code 54913-8068

FEC ID number of contributing federal political committee. **C**

Name of Employer Radiology Associates of Appleton Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **930.00**

Date of Receipt **03 / 18 / 2016**

Transaction ID : C3278701

Amount of Each Receipt this Period **210.00**

Memo Item

B. Timothy Andrew Bernauer
Full Name (Last, First, Middle Initial)

Mailing Address 13 Pintail Pl

City Appleton State WI Zip Code 54913-8068

FEC ID number of contributing federal political committee. **C**

Name of Employer Radiology Associates of Appleton Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **930.00**

Date of Receipt **03 / 28 / 2016**

Transaction ID : C3292152

Amount of Each Receipt this Period **300.00**

Memo Item

c. Albert L Blumberg
Full Name (Last, First, Middle Initial)

Mailing Address 8 Jenny Lane

City Baltimore State MD Zip Code 21201

FEC ID number of contributing federal political committee. **C**

Name of Employer Greater Baltimore Medical Center Occupation Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **03 / 22 / 2016**

Transaction ID : C3282039

Amount of Each Receipt this Period **1000.00**

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1510.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)
A. Gregg A Bogost

Mailing Address 6203 S Highlands Ave

City Madison State WI Zip Code 53705-1114

FEC ID number of contributing federal political committee. **C**

Name of Employer Madison Radiologists, SC Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 23 / 2016

Transaction ID : C3283205

Amount of Each Receipt this Period 250.00

Memo Item

Full Name (Last, First, Middle Initial)
B. John Christopher Bools

Mailing Address Catawba Radiological Assoc
18 13th Ave NE

City Hickory State NC Zip Code 28601-3748

FEC ID number of contributing federal political committee. **C**

Name of Employer Catawba Radiological Associates, Inc. Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 230.75

Date of Receipt 03 / 17 / 2016

Transaction ID : C3295528

Amount of Each Receipt this Period 230.75

Memo Item

Full Name (Last, First, Middle Initial)
C. Edward J Borman

Mailing Address 3736 Cardinal Point Trl

City Verona State WI Zip Code 53593-8150

FEC ID number of contributing federal political committee. **C**

Name of Employer University of Wisconsin Occupation Diagnostic Radiologist

Receipt For: 2016 Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 17 / 2016

Transaction ID : C3278601

Amount of Each Receipt this Period 250.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 730.75

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 103
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

A. Robert Bour MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2982 Waubesa Ave
 City Madison State WI Zip Code 53711-5965
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Wisconsin Occupation Diagnostic Radiologist
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 13 / 2016
Transaction ID : C3274939
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Charles W Bowkley MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Casper Medical Imaging
 419 S Washington St
 City Casper State WY Zip Code 82601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Casper Medical Imaging Occupation Interventional Radiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 01 / 2016
Transaction ID : C3282293
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Jerrold Lee Boxerman
 Full Name (Last, First, Middle Initial)
 Mailing Address 24 Eisenhower Dr
 City Sharon State MA Zip Code 02067-3214
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rhode Island Medical Imaging Occupation Diagnostic Radiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 14 / 2016
Transaction ID : C3282307
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

A. Jan Hans Brekke
Full Name (Last, First, Middle Initial)
Mailing Address 4117 N Windover Ct
City Appleton State WI Zip Code 54913-6321
FEC ID number of contributing federal political committee. **C**
Name of Employer Valley Radiologists Ltd Occupation Diagnostic Radiologist
Receipt For: 2016
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 28 / 2016
Transaction ID : C3292153
Amount of Each Receipt this Period
300.00
 Memo Item

B. Lynn S Broderick
Full Name (Last, First, Middle Initial)
Mailing Address 7710 Welton Dr
City Madison State WI Zip Code 53719-3026
FEC ID number of contributing federal political committee. **C**
Name of Employer UW Madison Occupation Diagnostic Radiologist
Receipt For: 2016
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 13 / 2016
Transaction ID : C3274914
Amount of Each Receipt this Period
1000.00
 Memo Item

C. Jeffrey M Brody
Full Name (Last, First, Middle Initial)
Mailing Address 7 Ronald Road
City Barrington State RI Zip Code 02806
FEC ID number of contributing federal political committee. **C**
Name of Employer Rhode Island Medical Imaging Occupation Diagnostic Radiologist
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 14 / 2016
Transaction ID : C3282308
Amount of Each Receipt this Period
250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1550.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 103
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)
A. DeNaye D Brown

Mailing Address 8315 Quarry Manor Terrace

City State Zip Code
Bethesda MD 20817

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Advanced Radiology Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 04 / 2016
Transaction ID : C3270149

Amount of Each Receipt this Period
250.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Matthew E Brown

Mailing Address 6941 Lehigh Ct

City State Zip Code
Allentown PA 18106-9540

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Medical Imaging of Lehigh Valley Diagnostic Radiologist

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 19 / 2016
Transaction ID : C3280848

Amount of Each Receipt this Period
250.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Michael Hunter Brown MD

Mailing Address 1524 Brookgreen Dr

City State Zip Code
Myrtle Beach SC 29577-5870

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Carolina Radiology Associates Diagnostic Radiologist

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 21 / 2016
Transaction ID : C3280889

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1500.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 103
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

A. Robert G Brucker
 Full Name (Last, First, Middle Initial)
 Mailing Address 741 W. Front St
 City Appleton State WI Zip Code 54914
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Radiology Assoc of Appleton Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 28 / 2016
Transaction ID : C3292154
 Amount of Each Receipt this Period 300.00
 Memo Item

B. Cenon Michael Buencamino MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2802 Colgate Rd
 City Madison State WI Zip Code 53705-2237
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rochester General Hospital Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 23 / 2016
Transaction ID : C3283204
 Amount of Each Receipt this Period 250.00
 Memo Item

c. Larry J Burr
 Full Name (Last, First, Middle Initial)
 Mailing Address 2601 Deer Lane Rd
 City Marion State IA Zip Code 52302-9304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Radiology Consultants of Iowa Occupation Diagnostic Radiologist
 Receipt For: 2016 Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 03 / 2016
Transaction ID : C3282414
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	800.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

A. David F Butler
Full Name (Last, First, Middle Initial)
Mailing Address 19 Dartford Ave
City Saint Louis State MO Zip Code 63105-3046
FEC ID number of contributing federal political committee. **C**
Name of Employer David Butler, MD LLC Occupation Radiation Oncologist
Receipt For: 2016
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 30 / 2016
Transaction ID : C3286259
Amount of Each Receipt this Period
1000.00
 Memo Item

B. Kathy Byun MD
Full Name (Last, First, Middle Initial)
Mailing Address 5236 Rockport Lndg
City Suffolk State VA Zip Code 23435-3518
FEC ID number of contributing federal political committee. **C**
Name of Employer New England Medical Center Occupation Diagnostic Radiologist
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 31 / 2016
Transaction ID : C3292434
Amount of Each Receipt this Period
1000.00
 Memo Item

c. Nicholas Cade Cantrell MD
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 9110
City Kalispell State MT Zip Code 59904-2110
FEC ID number of contributing federal political committee. **C**
Name of Employer Northwest Imaging, P.C. Occupation Diagnostic Radiologist
Receipt For: 2016
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 10 / 2016
Transaction ID : C3276887
Amount of Each Receipt this Period
500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	2500.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

A. Timothy Joseph Carmody
Full Name (Last, First, Middle Initial)

Mailing Address Healthcare Solutions PLC
14162 Willow Dr

City Clive State IA Zip Code 50325-8318

FEC ID number of contributing federal political committee. **C**

Name of Employer Health Care Solutions Occupation Interventional Radiologist

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
03 / 24 / 2016
Transaction ID : C3283131

Amount of Each Receipt this Period
500.00

Memo Item

B. John A Cassese
Full Name (Last, First, Middle Initial)

Mailing Address 200 Boulder Way

City East Greenwich State RI Zip Code 02818-5101

FEC ID number of contributing federal political committee. **C**

Name of Employer Rhode Island Medical Imaging Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
03 / 22 / 2016
Transaction ID : C3282309

Amount of Each Receipt this Period
250.00

Memo Item

c. Hugh B Cecil
Full Name (Last, First, Middle Initial)

Mailing Address Northwest Imaging
PO Box 9110

City Kalispell State MT Zip Code 59904-2110

FEC ID number of contributing federal political committee. **C**

Name of Employer Northwest Imaging, P.C. Occupation Diagnostic Radiologist

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
03 / 10 / 2016
Transaction ID : C3276882

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1250.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

A. Joseph George Cernigliaro
Full Name (Last, First, Middle Initial)

Mailing Address 8206 Ashworth Ct

City Jacksonville State FL Zip Code 32256-3637

FEC ID number of contributing federal political committee. **C**

Name of Employer Mayo Clinic Occupation Diagnostic Radiologist

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2016
Transaction ID : C3287522

Amount of Each Receipt this Period
 1000.00

Memo Item

B. Kevin Jeffrey Chang MD
Full Name (Last, First, Middle Initial)

Mailing Address 73 Norwood St

City Sharon State MA Zip Code 02067-1262

FEC ID number of contributing federal political committee. **C**

Name of Employer Rhode Island Medical Imaging Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 22 / 2016
Transaction ID : C3282310

Amount of Each Receipt this Period
 250.00

Memo Item

C. Samuel S Charles MD
Full Name (Last, First, Middle Initial)

Mailing Address 3480 John Muir Dr

City Middleton State WI Zip Code 53562-1183

FEC ID number of contributing federal political committee. **C**

Name of Employer University of Wisconsin Radiology Occupation Diagnostic Radiologist

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 08 / 2016
Transaction ID : C3273075

Amount of Each Receipt this Period
 250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

A. Peter Joseph Chase MD
Full Name (Last, First, Middle Initial)

Mailing Address 2846 Aleo Ct

City Fitchburg State WI Zip Code 53711-5008

FEC ID number of contributing federal political committee. **C**

Name of Employer UW Health Occupation Diagnostic Radiologist

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 07 / 2016

Transaction ID : C3272973

Amount of Each Receipt this Period
 250.00

Memo Item

B. Timothy S Chen
Full Name (Last, First, Middle Initial)

Mailing Address 3211 E Northshore Blvd Apt 159

City Appleton State WI Zip Code 54915-5666

FEC ID number of contributing federal political committee. **C**

Name of Employer Univ of CA, Davis, Medical Ctr Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 28 / 2016

Transaction ID : C3292155

Amount of Each Receipt this Period
 300.00

Memo Item

c. Raja Sekhar Cheruvu
Full Name (Last, First, Middle Initial)

Mailing Address 165 Via Foresta Ln

City Williamsville State NY Zip Code 14221-1984

FEC ID number of contributing federal political committee. **C**

Name of Employer Windsong Radiology Group Occupation Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 249.94

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 03 / 2016

Transaction ID : C3267950

Amount of Each Receipt this Period
 62.50

Memo Item

SUBTOTAL of Receipts This Page (optional).....	612.50
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

A. Jason Chon MD
Full Name (Last, First, Middle Initial)

Mailing Address 4916 N Turnberry Dr

City Appleton State WI Zip Code 54913-8680

FEC ID number of contributing federal political committee. **C**

Name of Employer Radiology Associates of Appleton Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 28 / 2016
Transaction ID : C3292156

Amount of Each Receipt this Period 300.00

Memo Item

B. Pedro Collazo-Ornes
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 9024255

City San Juan State PR Zip Code 00902-4255

FEC ID number of contributing federal political committee. **C**

Name of Employer SP RADIOLOGY, PSC Occupation Diagnostic Radiologist

Receipt For: 2016 Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 03 / 18 / 2016
Transaction ID : C3278702

Amount of Each Receipt this Period 100.00

Memo Item

C. W Shawn Conwell MD
Full Name (Last, First, Middle Initial)

Mailing Address 293 Piney Bluff Rd

City Rembert State SC Zip Code 29128-9630

FEC ID number of contributing federal political committee. **C**

Name of Employer Pitts Radiology Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 03 / 09 / 2016
Transaction ID : C3273153

Amount of Each Receipt this Period 2500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	2900.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

A. John Cronan
Full Name (Last, First, Middle Initial)

Mailing Address 6 Atlantic Crossing

City Barrington State RI Zip Code 02806

FEC ID number of contributing federal political committee. **C**

Name of Employer RIMI Occupation Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 22 / 2016
Transaction ID : C3282303

Amount of Each Receipt this Period 300.00

Memo Item

B. Frederick W Cubin MD
Full Name (Last, First, Middle Initial)

Mailing Address 1800 Elkhorn Valley Dr

City Casper State WY Zip Code 82609-4634

FEC ID number of contributing federal political committee. **C**

Name of Employer Casper Medical Imaging Occupation Diagnostic Radiologist

Receipt For: 2016 Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 03 / 23 / 2016
Transaction ID : C3282289

Amount of Each Receipt this Period 600.00

Memo Item

C. George Littleton Cushing JR
Full Name (Last, First, Middle Initial)

Mailing Address Mount Auburn Hospital
330 Mt Auburn St

City Cambridge State MA Zip Code 02138

FEC ID number of contributing federal political committee. **C**

Name of Employer Schatzki Associates, Inc. Occupation Diagnostic Radiologist

Receipt For: 2016 Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 03 / 31 / 2016
Transaction ID : C3290935

Amount of Each Receipt this Period 400.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1300.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

A. Diego Davila
Full Name (Last, First, Middle Initial)

Mailing Address 330 Mount Auburn St

City Cambridge State MA Zip Code 02138

FEC ID number of contributing federal political committee. **C**

Name of Employer Schatzki Radiology Occupation Diagnostic Radiologist

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2016
Transaction ID : C3290939

Amount of Each Receipt this Period
 400.00

Memo Item

B. Douglas Jackson Davis
Full Name (Last, First, Middle Initial)

Mailing Address 7313 Farmington Way

City Madison State WI Zip Code 53717

FEC ID number of contributing federal political committee. **C**

Name of Employer Madison Radiologists, SC Occupation Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 23 / 2016
Transaction ID : C3283206

Amount of Each Receipt this Period
 250.00

Memo Item

C. Lawrence M Davis
Full Name (Last, First, Middle Initial)

Mailing Address 5 Veritas Way

City Barrington State RI Zip Code 02806-2751

FEC ID number of contributing federal political committee. **C**

Name of Employer Rhode Island Medical Imaging Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 22 / 2016
Transaction ID : C3282311

Amount of Each Receipt this Period
 250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	900.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

A. Vincent A DeCesaris
Full Name (Last, First, Middle Initial)

Mailing Address Radiology Associates Inc
38 Hamlet Ave

City Woonsocket State RI Zip Code 02895-4495

FEC ID number of contributing federal political committee. **C**

Name of Employer Radiology Associates Occupation Diagnostic Radiologist

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
03 / 26 / 2016
Transaction ID : C3291075

Amount of Each Receipt this Period
250.00

Memo Item

B. Ronald Jay Dolin MD
Full Name (Last, First, Middle Initial)

Mailing Address 6732 Ramsey Rd

City Middleton State WI Zip Code 53562-5122

FEC ID number of contributing federal political committee. **C**

Name of Employer Madison Radiologists, SC Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
03 / 23 / 2016
Transaction ID : C3283207

Amount of Each Receipt this Period
400.00

Memo Item

c. Linda L Donegan
Full Name (Last, First, Middle Initial)

Mailing Address 125 Juniper Dr

City East Greenwich State RI Zip Code 02818-1371

FEC ID number of contributing federal political committee. **C**

Name of Employer Rhode Island Medical Imaging Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
03 / 22 / 2016
Transaction ID : C3282312

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	900.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 103
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

A. John F Donnal
 Full Name (Last, First, Middle Initial)
 Mailing Address 305 brooke ave
 #305
 City Norfolk State VA Zip Code 23510
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medical Center Radiologists Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 31 / 2016
Transaction ID : C3292429
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Gregory Joseph Dubel
 Full Name (Last, First, Middle Initial)
 Mailing Address Brown Univ-Rhode Island Hosp
 593 Eddy St
 City Providence State RI Zip Code 02903-4923
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rhode Island Medical Imaging Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 22 / 2016
Transaction ID : C3282313
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Damian E Dupuy
 Full Name (Last, First, Middle Initial)
 Mailing Address Rhode Island Hospital
 593 Eddy St
 City Providence State RI Zip Code 02903-4970
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rhode Island Medical Imaging Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 22 / 2016
Transaction ID : C3282314
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)
A. Audrey Duva-Frissora

Mailing Address **PO Box 183**

City **Hamilton** State **MA** Zip Code **01936-0183**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Schatzki Radiology** Occupation **Radiologist**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **03 / 31 / 2016**

Transaction ID : C3290940

Amount of Each Receipt this Period **400.00**

Memo Item

Full Name (Last, First, Middle Initial)
B. Matthew D Dyson MD

Mailing Address **406 6th St NW**

City **Hickory** State **NC** Zip Code **28601-3502**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Catawba Radiological Associates** Occupation **Diagnostic Radiologist**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.75**

Date of Receipt **03 / 17 / 2016**

Transaction ID : C3295529

Amount of Each Receipt this Period **230.75**

Memo Item

Full Name (Last, First, Middle Initial)
C. Anthony Eclavea

Mailing Address **1324 Fox River Dr**

City **De Pere** State **WI** Zip Code **54115-2403**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Tripler Army Medical Center** Occupation **Diagnostic Radiologist**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **03 / 28 / 2016**

Transaction ID : C3292157

Amount of Each Receipt this Period **300.00**

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	930.75
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)
A. Dina F Elgohary MD

Mailing Address 5109 Bayport Lndg

City State Zip Code
Suffolk VA 23435-1359

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Medical Center Rad Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
03 / 31 / 2016
Transaction ID : C3292443

Amount of Each Receipt this Period
500.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Paul H Ellenbogen

Mailing Address 4240 Prescott Ave Apt 7E

City State Zip Code
Dallas TX 75219-2392

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Southwest Imaging & Interven specialis Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.02

Date of Receipt
03 / 16 / 2016
Transaction ID : C3276797

Amount of Each Receipt this Period
83.34

Memo Item

Full Name (Last, First, Middle Initial)
C. Nancy A Ellerbroek

Mailing Address Valley Radiotherapy Assoc
1500 Rosecrans Ave Ste 400

City State Zip Code
Manhattan Beach CA 90266-3754

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Valley Radiology Associates Radiation Oncologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
03 / 17 / 2016
Transaction ID : C3292289

Amount of Each Receipt this Period
300.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	883.34
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)
A. Anders G Engdahl

Mailing Address Northwest Imaging
PO Box 9110

City Kalispell State MT Zip Code 59904-2110

FEC ID number of contributing federal political committee. **C**

Name of Employer Northwest Imaging, P.C. Occupation Diagnostic Radiologist

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
03 / 10 / 2016

Transaction ID : C3276883

Amount of Each Receipt this Period
500.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Peter Thomas Evangelista

Mailing Address 24 Kayla Ricci Way

City Saunderstown State RI Zip Code 02874-1625

FEC ID number of contributing federal political committee. **C**

Name of Employer Rhode Island Medical Imaging Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 22 / 2016

Transaction ID : C3282315

Amount of Each Receipt this Period
250.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Stephen L Farris MD

Mailing Address 3996 2nd Street Dr NW

City Hickory State NC Zip Code 28601-8092

FEC ID number of contributing federal political committee. **C**

Name of Employer Catawba Radiology Associates Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.75

Date of Receipt
MM / DD / YYYY
03 / 17 / 2016

Transaction ID : C3295530

Amount of Each Receipt this Period
230.75

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	980.75
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

A. Michael John Flaherty
 Full Name (Last, First, Middle Initial)
 Mailing Address Casper Medical Imaging
 419 S Washington St Ste 101
 City Casper State WY Zip Code 82609
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Camelot Radiology Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 01 / 2016**
Transaction ID : C3282291
 Amount of Each Receipt this Period **500.00**
 Memo Item

B. Jonathan Flug MD, MBA
 Full Name (Last, First, Middle Initial)
 Mailing Address 1490 Delgany St Apt 1027
 City Denver State CO Zip Code 80202-6616
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Colorado Occupation Diagnostic Radiologist
 Receipt For: 2016 Primary General Other (specify)
 Aggregate Year-to-Date **285.00**

Date of Receipt **03 / 23 / 2016**
Transaction ID : C3282242
 Amount of Each Receipt this Period **85.00**
 Memo Item

C. Jonathan Flug MD, MBA
 Full Name (Last, First, Middle Initial)
 Mailing Address 1490 Delgany St Apt 1027
 City Denver State CO Zip Code 80202-6616
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Colorado Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **285.00**

Date of Receipt **03 / 26 / 2016**
Transaction ID : C3284174
 Amount of Each Receipt this Period **10.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	595.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

A. Cassandra Sue Foens
Full Name (Last, First, Middle Initial)

Mailing Address Covenant Cancer Treatment Ctr
200 E Ridgeway Ave

City Waterloo State IA Zip Code 50702-5040

FEC ID number of contributing federal political committee. **C**

Name of Employer Clinical Radiologists PC Occupation Radiation Oncologist

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 28 / 2016
Transaction ID : C3284955

Amount of Each Receipt this Period
2500.00

Memo Item

B. Nicholas Frankel
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 9470

City Hickory State NC Zip Code 28603-9470

FEC ID number of contributing federal political committee. **C**

Name of Employer Catawba Radiological Associates, Inc. Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.75

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 17 / 2016
Transaction ID : C3295531

Amount of Each Receipt this Period
230.75

Memo Item

C. Eric Brian Friedberg
Full Name (Last, First, Middle Initial)

Mailing Address 2000 Tavistock Ct

City Johns Creek State GA Zip Code 30022-8079

FEC ID number of contributing federal political committee. **C**

Name of Employer Emory University Occupation Diagnostic Radiologist

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 01 / 2016
Transaction ID : C3265644

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2830.75
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 103
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

A. Richard G Friedman
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 9110
 City Kalispell State MT Zip Code 59904-2110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northwest Imaging, P.C. Occupation Diagnostic Radiologist
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 10 / 2016
Transaction ID : C3276884
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Keyvan Gharabeighlou
 Full Name (Last, First, Middle Initial)
 Mailing Address 224 E Wentworth Ln
 City Appleton State WI Zip Code 54913-8685
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Cleveland Clinic Foundation Occupation Diagnostic Radiologist
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 28 / 2016
Transaction ID : C3292159
 Amount of Each Receipt this Period
 300.00
 Memo Item

c. Robert Charles Gibbs
 Full Name (Last, First, Middle Initial)
 Mailing Address 611 Quail Creek Rd
 City Parsons State KS Zip Code 67357-2257
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Precision Radiology Occupation Diagnostic Radiologist
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 27 / 2016
Transaction ID : C3284206
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1050.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

A. Holly Cresho Gil
 Full Name (Last, First, Middle Initial)
 Mailing Address 17 Adams Point Rd
 City Barrington State RI Zip Code 02806-5005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rhode Island Medical Imaging Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 22 / 2016
Transaction ID : C3282316
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Maryellyn Gilfeather
 Full Name (Last, First, Middle Initial)
 Mailing Address 54 E Churchill Dr
 City Salt Lake City State UT Zip Code 84103-2266
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Utah imaging associates Occupation Diagnostic Radiologist
 Receipt For: 2016 Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 16 / 2016
Transaction ID : C3276907
 Amount of Each Receipt this Period 250.00
 Memo Item

c. Maryellyn Gilfeather
 Full Name (Last, First, Middle Initial)
 Mailing Address 54 E Churchill Dr
 City Salt Lake City State UT Zip Code 84103-2266
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Utah imaging associates Occupation Diagnostic Radiologist
 Receipt For: 2016 Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 31 / 2016
Transaction ID : C3286278
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	550.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

A. David Justin Grand MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 21 Westford Rd
 City Providence State RI Zip Code 02906-4943
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rhode Island Medical Imaging Occupation Diagnostic Radiologist
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 26 / 2016
Transaction ID : C3291044
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. B Frank Gray III
 Full Name (Last, First, Middle Initial)
 Mailing Address 178 E Bowman Dr
 City Kalispell State MT Zip Code 59901-6817
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northwest Imaging, P.C. Occupation Diagnostic Radiologist
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 10 / 2016
Transaction ID : C3276885
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Edward Douglas Green MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 106 Windsong Cove
 City Ridgeland State MS Zip Code 39157-8736
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Mississippi Medical Cent Occupation Diagnostic Radiologist
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 06 / 2016
Transaction ID : C3270887
 Amount of Each Receipt this Period
 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	835.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 103
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

A. Christopher G Guglielmo MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1835 Winnebago St Unit 204
 City Madison State WI Zip Code 53704-5565
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Wisconsin Occupation Diagnostic Radiologist
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 17 / 2016
Transaction ID : C3277164
 Amount of Each Receipt this Period 250.00
 Memo Item

B. David K Gunasti
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 Paddock Dr
 City Lincoln State RI Zip Code 02865-4942
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RIMI Occupation Radiologist
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 26 / 2016
Transaction ID : C3291076
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Richard A Haas
 Full Name (Last, First, Middle Initial)
 Mailing Address 405 Seaside Dr
 City Jamestown State RI Zip Code 02835
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rhode Island Medical Imaging Occupation Diagnostic Radiologist
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 26 / 2016
Transaction ID : C3291045
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

A. Harry K Hajedemos
Full Name (Last, First, Middle Initial)

Mailing Address 3 Roberts St

City West Haven State CT Zip Code 06516-7239

FEC ID number of contributing federal political committee. **C**

Name of Employer Midstate Radiology Associates, LLC Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 08 / 2016
Transaction ID : C3273127

Amount of Each Receipt this Period 1000.00

Memo Item

B. Glenn M Hammer
Full Name (Last, First, Middle Initial)

Mailing Address 2916 Old Orchard Rd NE

City Cedar Rapids State IA Zip Code 52402-6802

FEC ID number of contributing federal political committee. **C**

Name of Employer Radiology Consultants of Iowa, PLC Occupation Diagnostic Radiologist

Receipt For: 2016 Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 03 / 2016
Transaction ID : C3282416

Amount of Each Receipt this Period 250.00

Memo Item

c. Steven D Harlan
Full Name (Last, First, Middle Initial)

Mailing Address CRA
18 13th Ave NE, Box 308

City Hickory State NC Zip Code 28601-3748

FEC ID number of contributing federal political committee. **C**

Name of Employer Catawba Radiological Associates, Inc. Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 230.75

Date of Receipt 03 / 17 / 2016
Transaction ID : C3295532

Amount of Each Receipt this Period 230.75

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1480.75
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 103
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

A. Keith William Harper
 Full Name (Last, First, Middle Initial)
 Mailing Address 602 46th Ave Dr NE
 City Hickory State NC Zip Code 28601-7318
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Catawba Radiological Associates Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 230.75

Date of Receipt 03 / 17 / 2016
Transaction ID : C3295533
 Amount of Each Receipt this Period 230.75
 Memo Item

B. Anton N Hasso
 Full Name (Last, First, Middle Initial)
 Mailing Address 15 Schubert Court
 City Irvine State CA Zip Code 92617
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of California Occupation Medical Doctor
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 2500.00

Date of Receipt 03 / 24 / 2016
Transaction ID : C3283141
 Amount of Each Receipt this Period 2500.00
 Memo Item

C. C Matthew Hawkins MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 130 Woodlawn Ave
 City Decatur State GA Zip Code 30030-2309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Emory University Occupation Pediatric Interventional Radiologist
 Receipt For: 2014 Primary General Other (specify) Aggregate Year-to-Date 630.00

Date of Receipt 03 / 25 / 2016
Transaction ID : C3283505
 Amount of Each Receipt this Period 210.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2940.75
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

A. Terrance T Healey MD
Full Name (Last, First, Middle Initial)

Mailing Address 88 Amy Dr

City Cranston State RI Zip Code 02921-1704

FEC ID number of contributing federal political committee. **C**

Name of Employer Rhode Island Medical Imaging Occupation Diagnostic Radiologist

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
03 / 26 / 2016
Transaction ID : C3291046

Amount of Each Receipt this Period
250.00

Memo Item

B. Brian Alan Hebl
Full Name (Last, First, Middle Initial)

Mailing Address 59 Brentwood Ln

City Appleton State WI Zip Code 54915-7202

FEC ID number of contributing federal political committee. **C**

Name of Employer St Elizabeth Hospital Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
03 / 28 / 2016
Transaction ID : C3292160

Amount of Each Receipt this Period
300.00

Memo Item

C. Alejandro Marcelo Heffess
Full Name (Last, First, Middle Initial)

Mailing Address 75 Centre Street

City Brookline State MA Zip Code 02446

FEC ID number of contributing federal political committee. **C**

Name of Employer Schatzki Associates, Inc. Occupation Diagnostic Radiologist

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
03 / 31 / 2016
Transaction ID : C3290936

Amount of Each Receipt this Period
400.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 950.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

A. Laura S Hemann
 Full Name (Last, First, Middle Initial)
 Mailing Address 6815 Spring Grove Ct NE
 City Cedar Rapids State IA Zip Code 52411-7652
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Radiology Consultants of Iowa Occupation Diagnostic Radiologist
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 03 / 2016
Transaction ID : C3282418
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Robert D Heninger MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1211 47th Ave SW
 City Minot State ND Zip Code 58701-8315
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Iowa Occupation Diagnostic Radiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2016
Transaction ID : C3283506
 Amount of Each Receipt this Period
 125.00
 Memo Item

C. Michael Troy Henson
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 9110
 City Kalispell State MT Zip Code 59904-2110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northwest Imaging, P.C. Occupation Diagnostic Radiologist
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 10 / 2016
Transaction ID : C3276888
 Amount of Each Receipt this Period
 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	875.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

A. Thaddeus W Herliczek MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 14 Winterberry Ln
 City Westport State MA Zip Code 02790-2638
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rhode Island Medical Imaging Occupation Diagnostic Radiologist
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 26 / 2016
Transaction ID : C3291047
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Patrick E Hill
 Full Name (Last, First, Middle Initial)
 Mailing Address 423 Wynterhall Dr
 City Charleston State WV Zip Code 25309-8425
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Loma Linda Univ Medical Center Occupation Diagnostic Radiologist
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 272.73

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016
Transaction ID : C3290848
 Amount of Each Receipt this Period
 272.73
 Memo Item

C. Samuel Crawford Hill IV
 Full Name (Last, First, Middle Initial)
 Mailing Address 1860 Houndsfield Dr
 City Florence State SC Zip Code 29506-8552
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CRA Occupation Interventional Radiologist
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 19 / 2016
Transaction ID : C3280849
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1022.73
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)
A. Mary M Hillstrom

Mailing Address 5 Whitney Dr

City Lincoln State RI Zip Code 02865-4639

FEC ID number of contributing federal political committee. **C**

Name of Employer Rhode Island Medical Imaging Occupation Diagnostic Radiologist

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 26 / 2016

Transaction ID : C3291048

Amount of Each Receipt this Period
 250.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Lee Eric Hoagland MD

Mailing Address 5922 Cyrpress Pointe Dr

City Newburgh State IN Zip Code 47630-9844

FEC ID number of contributing federal political committee. **C**

Name of Employer Evansville Radiology, PC Occupation Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 06 / 2016

Transaction ID : C3270888

Amount of Each Receipt this Period
 85.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Daniel Joseph Hoefler

Mailing Address 5729 Vineyard Rd

City Fitchburg State WI Zip Code 53575-1939

FEC ID number of contributing federal political committee. **C**

Name of Employer Madison Radiologists, SC Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 23 / 2016

Transaction ID : C3283202

Amount of Each Receipt this Period
 250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	585.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

A. Adrian W Holtzman MD
Full Name (Last, First, Middle Initial)

Mailing Address 945 18th Avenue Ct NW

City Hickory State NC Zip Code 28601-1268

FEC ID number of contributing federal political committee. **C**

Name of Employer Catawba Radiological Associates Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 230.75

Date of Receipt 03 / 17 / 2016
Transaction ID : C3295534

Amount of Each Receipt this Period 230.75

Memo Item

B. Stephanie P Holz MD
Full Name (Last, First, Middle Initial)

Mailing Address 12963 Blalock Dr

City Fishers State IN Zip Code 46037-7701

FEC ID number of contributing federal political committee. **C**

Name of Employer Indiana University Health Physicians R Occupation Diagnostic Radiologist

Receipt For: 2016 Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 31 / 2016
Transaction ID : C3286419

Amount of Each Receipt this Period 1000.00

Memo Item

C. Peter E Humphrey MD
Full Name (Last, First, Middle Initial)

Mailing Address 249 White Pine Rd

City Kalispell State MT Zip Code 59901-6829

FEC ID number of contributing federal political committee. **C**

Name of Employer NW Imaging Occupation Diagnostic Radiologist

Receipt For: 2016 Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 10 / 2016
Transaction ID : C3276889

Amount of Each Receipt this Period 500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1730.75

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

A. Jason D Iannuccilli MD
Full Name (Last, First, Middle Initial)

Mailing Address 5 Cole Cir

City East Greenwich State RI Zip Code 02818-2444

FEC ID number of contributing federal political committee. **C**

Name of Employer Rhode Island Medical Imaging Occupation Diagnostic Radiologist

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
03 / 26 / 2016
Transaction ID : C3291049

Amount of Each Receipt this Period
250.00

Memo Item

B. Geoffrey S Ibbott
Full Name (Last, First, Middle Initial)

Mailing Address MD Anderson Cancer Ctr
1515 Holcombe Blvd Unit 94

City Houston State TX Zip Code 77030-4000

FEC ID number of contributing federal political committee. **C**

Name of Employer UT MD Anderson Cancer Center Occupation Physicist

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
03 / 15 / 2016
Transaction ID : C3276718

Amount of Each Receipt this Period
500.00

Memo Item

C. Nafisa Ibrahim MD
Full Name (Last, First, Middle Initial)

Mailing Address 41 Mall Rd

City Burlington State MA Zip Code 01805-0002

FEC ID number of contributing federal political committee. **C**

Name of Employer RIMI Occupation Diagnostic Radiologist

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
03 / 26 / 2016
Transaction ID : C3291077

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

A. Diane Marie Icenogle-Leuschen
 Full Name (Last, First, Middle Initial)
 Mailing Address 105 Palo Alto
 City Boerne State TX Zip Code 78006-5999
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Veteran's Administration Occupation Diagnostic Radiologist
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 03 / 2016
Transaction ID : C3268294
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. John Robert Iglar
 Full Name (Last, First, Middle Initial)
 Mailing Address 3119 Sun Valley Ct
 City Appleton State WI Zip Code 54911-1159
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Radiology Associates of Appleton Occupation Radiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 28 / 2016
Transaction ID : C3292161
 Amount of Each Receipt this Period
 300.00
 Memo Item

C. Michael Todd Jacobs
 Full Name (Last, First, Middle Initial)
 Mailing Address 3818 11th Street PI NE
 City Hickory State NC Zip Code 28601-8420
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Catawba Radiological Associates, Inc. Occupation Diagnostic Radiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 17 / 2016
Transaction ID : C3295535
 Amount of Each Receipt this Period
 230.75
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	780.75
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 103
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

A. Bryan S Jay MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 9 Harbour Rd
 City Barrington State RI Zip Code 02806-4410
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rhode Island Medical Imaging Occupation Diagnostic Radiologist
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 26 / 2016
Transaction ID : C3291050
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Mahesh Vaidya Jayaraman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 Kingsbury Ln
 City Foxboro State MA Zip Code 02035-3206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rhode Island Medical Imaging Occupation Diagnostic Radiologist
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 26 / 2016
Transaction ID : C3291051
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. John A Jerisha
 Full Name (Last, First, Middle Initial)
 Mailing Address 5846 Marsh View Ct
 City Fitchburg State WI Zip Code 53711-5845
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UW Radiology Madison Wi Occupation Diagnostic Radiologist
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 08 / 2016
Transaction ID : C3273114
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

A. Eric Von Johnson MD
Full Name (Last, First, Middle Initial)

Mailing Address 4451 3rd Street Ln NW

City State Zip Code
Hickory NC 28601-9022

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Catawba Radiology Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.76

Date of Receipt
03 / 17 / 2016
Transaction ID : C3295536

Amount of Each Receipt this Period
230.76

Memo Item

B. Peter Anthony S Johnstone
Full Name (Last, First, Middle Initial)

Mailing Address 810 Taray de Avila

City State Zip Code
Tampa FL 33613

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Moffitt Cancer Center Radiation Oncologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
03 / 22 / 2016
Transaction ID : C3281021

Amount of Each Receipt this Period
100.00

Memo Item

C. Austin L Jones DO
Full Name (Last, First, Middle Initial)

Mailing Address 241 NW 66th Rd

City State Zip Code
Clinton MO 64735-8917

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Golden Valley Memorial Healthcare Diagnostic Radiologist

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
03 / 10 / 2016
Transaction ID : C3274378

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 580.76

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 48 OF 103
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)
A. May Kassem MD

Mailing Address 302 Pearl St Unit 202

City Providence State RI Zip Code 02907-2277

FEC ID number of contributing federal political committee. **C**

Name of Employer RIMI Occupation Diagnostic Radiologist

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **03 / 26 / 2016**

Transaction ID : C3291078

Amount of Each Receipt this Period **250.00**

Memo Item

Full Name (Last, First, Middle Initial)
B. Neil Kennedy MD

Mailing Address 3468 John Muir Dr

City Middleton State WI Zip Code 53562-1183

FEC ID number of contributing federal political committee. **C**

Name of Employer Madison Radiologists, S.C. Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **03 / 23 / 2016**

Transaction ID : C3283200

Amount of Each Receipt this Period **500.00**

Memo Item

Full Name (Last, First, Middle Initial)
C. Hanan Ibrahim Khalil

Mailing Address Rhode Island Medical Imaging Inc
20 Catamore Blvd

City East Providence State RI Zip Code 02914-1204

FEC ID number of contributing federal political committee. **C**

Name of Employer Bridgeport Hospital Occupation Diagnostic Radiologist

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **03 / 26 / 2016**

Transaction ID : C3291052

Amount of Each Receipt this Period **250.00**

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ **1000.00**

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

A. Leila Khorashadi MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 26 Oakley Rd
 City Watertown State MA Zip Code 02472-1307
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Schatzki Associates Inc. Occupation Individual
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2016
Transaction ID : C3290941
 Amount of Each Receipt this Period
 400.00
 Memo Item

B. Erik J Kilgore
 Full Name (Last, First, Middle Initial)
 Mailing Address 2204 NE 140th St
 City Vancouver State WA Zip Code 98686
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Vancouver Radiologists Occupation Radiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 10 / 2016
Transaction ID : C3295548
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Newrhee Kim MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3774 Swoboda Rd
 City Verona State WI Zip Code 53593-9123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UW Health Occupation Diagnostic Radiologist
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 09 / 2016
Transaction ID : C3273148
 Amount of Each Receipt this Period
 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1900.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 103
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

A. Yoonah Kim
 Full Name (Last, First, Middle Initial)
 Mailing Address 3305 Kline Dr.
 City Virginia Beach State VA Zip Code 23452-6230
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medical Center Radiologists, Inc Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) Memo Item
 Aggregate Year-to-Date 1000.00

Date of Receipt 03 / 31 / 2016
Transaction ID : C3292438
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Amy Briana Kirby MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 14708 Hollyhock Dr
 City Oklahoma City State OK Zip Code 73142-1804
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Eagle Eye Imaging Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) Memo Item
 Aggregate Year-to-Date 255.00

Date of Receipt 03 / 02 / 2016
Transaction ID : C3266483
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Douglas R Kitchin MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2550 University Ave Apt 301
 City Madison State WI Zip Code 53705-3804
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Madison Radiologists, SC Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) Memo Item
 Aggregate Year-to-Date 250.00

Date of Receipt 03 / 23 / 2016
Transaction ID : C3283208
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1335.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)
A. Gregory Joseph Knudson

Mailing Address 18 Brentwood Ln

City Appleton State WI Zip Code 54915

FEC ID number of contributing federal political committee. **C**

Name of Employer Radiology Associates of Appleton SC Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **03 / 28 / 2016**

Transaction ID : C3292162

Amount of Each Receipt this Period **300.00**

Memo Item

Full Name (Last, First, Middle Initial)
B. Susan Lyn Koelliker

Mailing Address 5 Lighthouse Ln

City Barrington State RI Zip Code 02806-2829

FEC ID number of contributing federal political committee. **C**

Name of Employer Rhode Island Medical Imaging Occupation Diagnostic Radiologist

Receipt For: 2016 Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **03 / 26 / 2016**

Transaction ID : C3291053

Amount of Each Receipt this Period **250.00**

Memo Item

Full Name (Last, First, Middle Initial)
c. Laura Kohl MD

Mailing Address 2900 W Oklahoma Ave

City Milwaukee State WI Zip Code 53215-4330

FEC ID number of contributing federal political committee. **C**

Name of Employer Madison Radiologists, SC Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **03 / 23 / 2016**

Transaction ID : C3283209

Amount of Each Receipt this Period **250.00**

Memo Item

SUBTOTAL of Receipts This Page (optional)..... **800.00**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 103
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

A. Jeffrey Paul Kramer
 Full Name (Last, First, Middle Initial)
 Mailing Address 2147 Meadow Ridge Dr
 City Lancaster State PA Zip Code 17601-5762
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lancaster Radiology Associates Occupation Diagnostic Radiologist
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 03 / 2016
Transaction ID : C3279779
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Adam Thomas Krompecher MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 313 Mount View Dr
 City Charleston State WV Zip Code 25314-1040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kanawha Valley Radiology Occupation Diagnostic Radiologist
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 272.73

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2016
Transaction ID : C3290849
 Amount of Each Receipt this Period
 272.73
 Memo Item

C. Richard L Kundel
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 10112
 City Cedar Rapids State IA Zip Code 52410-0112
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Radiology Consultants of Iowa Occupation Diagnostic Radiologist
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 03 / 2016
Transaction ID : C3282420
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	622.73
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 103
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

A. David P Lawrence
 Full Name (Last, First, Middle Initial)
 Mailing Address 925 Grandview Blvd
 City Lancaster State PA Zip Code 17601-5105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lancaster Radiology Associates Occupation Diagnostic Radiologist
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 17 / 2016
Transaction ID : C3278626
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Elizabeth Lazarus
 Full Name (Last, First, Middle Initial)
 Mailing Address 9 Half Mile Rd
 City Barrington State RI Zip Code 02806-4113
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rhode Island Hospital Occupation Diagnostic Radiologist
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 26 / 2016
Transaction ID : C3291055
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Paul Albert Leslie
 Full Name (Last, First, Middle Initial)
 Mailing Address 260 Eshelman Rd
 City Lancaster State PA Zip Code 17601-5645
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lancaster Radiology Associates Occupation Diagnostic Radiologist
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 03 / 2016
Transaction ID : C3279780
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	850.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

A. Scott M Levine
Full Name (Last, First, Middle Initial)

Mailing Address Rhode Island Hospital
593 Eddy St

City Providence State RI Zip Code 02903-4923

FEC ID number of contributing federal political committee. **C**

Name of Employer Rhode Island Medical Imaging Occupation Diagnostic Radiologist

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
03 / 26 / 2016
Transaction ID : C3291056

Amount of Each Receipt this Period
250.00

Memo Item

B. Elaine Renee Lewis
Full Name (Last, First, Middle Initial)

Mailing Address Reading Hospital & Medical Ctr
PO Box 16052

City Reading State PA Zip Code 19612-6052

FEC ID number of contributing federal political committee. **C**

Name of Employer West Reading Radiology Associates Occupation Diagnostic Radiologist

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
03 / 16 / 2016
Transaction ID : C3276802

Amount of Each Receipt this Period
1000.00

Memo Item

C. Madelene C Lewis MD
Full Name (Last, First, Middle Initial)

Mailing Address 105 N Shelmore Blvd

City Mount Pleasant State SC Zip Code 29464-2698

FEC ID number of contributing federal political committee. **C**

Name of Employer Medical University of South Carolina Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
03 / 22 / 2016
Transaction ID : C3282087

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2250.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)
A. Lawrence A Liebscher

Mailing Address 2615 W. 4th St.

City Waterloo State IA Zip Code 50701-4050

FEC ID number of contributing federal political committee. **C**

Name of Employer Cedar Valley Medical Specialists, PC Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 22 / 2016
Transaction ID : C3282002

Amount of Each Receipt this Period
 1000.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Ana P Lourenco MD

Mailing Address 7 Weston Ave

City Foxboro State MA Zip Code 02035-1863

FEC ID number of contributing federal political committee. **C**

Name of Employer Rhode Island Medical Imaging Occupation Diagnostic Radiologist

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 26 / 2016
Transaction ID : C3291057

Amount of Each Receipt this Period
 250.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Dallas W Lovelace III

Mailing Address 2019 BENJAMIN Blvd

City Orangeburg State SC Zip Code 29118-1442

FEC ID number of contributing federal political committee. **C**

Name of Employer RMC Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 23 / 2016
Transaction ID : C3282471

Amount of Each Receipt this Period
 1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2250.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

A. Stephanus Macrander
 Full Name (Last, First, Middle Initial)
 Mailing Address W 5517 Firelane 12
 City Menasha State WI Zip Code 54952
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Radiology Associates of Appleton Occupation Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 28 / 2016
Transaction ID : C3292163
 Amount of Each Receipt this Period 300.00
 Memo Item

B. Martha B Mainiero
 Full Name (Last, First, Middle Initial)
 Mailing Address Rhode Island Hospital 593 Eddy St
 City Providence State RI Zip Code 02903-4923
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rhode Island Medical Imaging Occupation Diagnostic Radiologist
 Receipt For: 2016 Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 26 / 2016
Transaction ID : C3291058
 Amount of Each Receipt this Period 250.00
 Memo Item

C. A Jane Maloof
 Full Name (Last, First, Middle Initial)
 Mailing Address 1810 loudon heights rd
 City Charleston State WV Zip Code 25314
 FEC ID number of contributing federal political committee. **C**
 Name of Employer KVR, Inc. Occupation Diagnostic Radiologist
 Receipt For: 2016 Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 272.73

Date of Receipt 03 / 31 / 2016
Transaction ID : C3290850
 Amount of Each Receipt this Period 272.73
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 822.73
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 103
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

A. Edward Bernard Marianacci
 Full Name (Last, First, Middle Initial)
 Mailing Address 177 Walnut St
 City Newton State MA Zip Code 02460-1601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Schatzki Associates, Inc. Occupation Diagnostic Radiologist
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2016
Transaction ID : C3290942
 Amount of Each Receipt this Period
 400.00
 Memo Item

B. Patricia Martin
 Full Name (Last, First, Middle Initial)
 Mailing Address 1759 Creek View Dr
 City Fogelsville State PA Zip Code 18051-1716
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medical Imaging of :high Valley, PC Occupation Diagnostic Radiologist
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 28 / 2016
Transaction ID : C3284954
 Amount of Each Receipt this Period
 250.00
 Memo Item

c. Alan D Massengill
 Full Name (Last, First, Middle Initial)
 Mailing Address Catawba Radiological Assoc PO Box 308
 City Hickory State NC Zip Code 28603-0308
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Catawba Radiological Associates Occupation Diagnostic Radiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 17 / 2016
Transaction ID : C3295537
 Amount of Each Receipt this Period
 230.75
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	880.75
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

A. Joshua M McDonald
Full Name (Last, First, Middle Initial)

Mailing Address 2448 Dempster Dr

City Coralville State IA Zip Code 52241-9715

FEC ID number of contributing federal political committee. **C**

Name of Employer Radiology Consultants of Iowa Occupation Diagnostic Radiologist

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 22 / 2016
Transaction ID : C3282012

Amount of Each Receipt this Period
 1000.00

Memo Item

B. Patrick John McDonnell
Full Name (Last, First, Middle Initial)

Mailing Address 379 Sheepherder Hill Rd

City Kalispell State MT Zip Code 59901-7160

FEC ID number of contributing federal political committee. **C**

Name of Employer Northwest Imaging, P.C. Occupation Diagnostic Radiologist

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 10 / 2016
Transaction ID : C3276886

Amount of Each Receipt this Period
 500.00

Memo Item

c. Joseph C McGinley MD
Full Name (Last, First, Middle Initial)

Mailing Address 5910 S Cedar St

City Casper State WY Zip Code 82601-6244

FEC ID number of contributing federal political committee. **C**

Name of Employer Casper Medical Imaging Occupation Diagnostic Radiologist

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 01 / 2016
Transaction ID : C3282294

Amount of Each Receipt this Period
 250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1750.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

A. Ryan A McTaggart
Full Name (Last, First, Middle Initial)

Mailing Address 21 Meadowbrook Dr

City Barrington State RI Zip Code 02806

FEC ID number of contributing federal political committee. **C**

Name of Employer RIMI Occupation Radiology

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 26 / 2016

Transaction ID : C3291079

Amount of Each Receipt this Period
 250.00

Memo Item

B. Venkata N Meduri
Full Name (Last, First, Middle Initial)

Mailing Address 311 N Hancock Unit 335

City Madison State WI Zip Code 53703-4281

FEC ID number of contributing federal political committee. **C**

Name of Employer University of Wisconsin Occupation Diagnostic Radiologist

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 15 / 2016

Transaction ID : C3276580

Amount of Each Receipt this Period
 250.00

Memo Item

C. Ryan J Meiners MD
Full Name (Last, First, Middle Initial)

Mailing Address 661 Fairway Lane

City Frankfort State IL Zip Code 60423-9516

FEC ID number of contributing federal political committee. **C**

Name of Employer CIRA Occupation Diagnostic Radiologist

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 20 / 2016

Transaction ID : C3280877

Amount of Each Receipt this Period
 250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

A. Olga Mengin MD
Full Name (Last, First, Middle Initial)
Mailing Address 150 Albert Ave
City Cranston State RI Zip Code 02905
FEC ID number of contributing federal political committee. **C**
Name of Employer RIMI Occupation Diagnostic Radiologist
Receipt For: 2016
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
03 / 26 / 2016
Transaction ID : C3291080
Amount of Each Receipt this Period 250.00
 Memo Item

B. Eric M Meredith MD
Full Name (Last, First, Middle Initial)
Mailing Address 3636 8th Street PI NW
City Hickory State NC Zip Code 28601-8086
FEC ID number of contributing federal political committee. **C**
Name of Employer Catawba Radiological Associates Occupation Diagnostic Radiologist
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 230.75

Date of Receipt
03 / 17 / 2016
Transaction ID : C3295538
Amount of Each Receipt this Period 230.75
 Memo Item

C. Patricia J Mergo
Full Name (Last, First, Middle Initial)
Mailing Address 400 N Harbor Lights Dr
City Ponte Vedra Beach State FL Zip Code 32081
FEC ID number of contributing federal political committee. **C**
Name of Employer Mayo Clinic Occupation Radiologist
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 255.00

Date of Receipt
03 / 12 / 2016
Transaction ID : C3295546
Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	565.75
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 62 OF 103
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

A. Steven L Miller
Full Name (Last, First, Middle Initial)
Mailing Address 23 Moffat Rd
City Waban State MA Zip Code 02468-1112
FEC ID number of contributing federal political committee. **C**
Name of Employer Newton Wellesley Hosp Occupation Diagnostic Radiologist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 03 / 06 / 2016
Transaction ID : C3270895
Amount of Each Receipt this Period 250.00
 Memo Item

B. Louise Dennis Milner MD
Full Name (Last, First, Middle Initial)
Mailing Address 50 Lake Edge Dr
City Euclid State OH Zip Code 44123-1128
FEC ID number of contributing federal political committee. **C**
Name of Employer Madison Radiologists, SC Occupation Diagnostic Radiologist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 03 / 23 / 2016
Transaction ID : C3283211
Amount of Each Receipt this Period 250.00
 Memo Item

C. Renee M Moadel
Full Name (Last, First, Middle Initial)
Mailing Address 17 Ridge Drive East
City Great Neck State NY Zip Code 11021
FEC ID number of contributing federal political committee. **C**
Name of Employer Montefiore Occupation Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 03 / 29 / 2016
Transaction ID : C3285404
Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 103
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

A. Brian J Moffit
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 2022
 City Rancho Santa Fe State CA Zip Code 92067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Radiology Medical Group Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 17 / 2016
Transaction ID : C3292287
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Demetrius Konstantine Morros
 Full Name (Last, First, Middle Initial)
 Mailing Address 7418 Ridgcrest Court Road
 City Birmingham State AL Zip Code 35242-0525
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Birmingham Radiological Group P.C. Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 23 / 2016
Transaction ID : C3282243
 Amount of Each Receipt this Period
 83.34
 Memo Item

C. Jonathan S Movson
 Full Name (Last, First, Middle Initial)
 Mailing Address 381 Wayland Ave
 City Providence State RI Zip Code 02906-4667
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rhode Island Medical Imaging Occupation Diagnostic Radiologist
 Receipt For: 2016 Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 26 / 2016
Transaction ID : C3291059
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	583.34
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

A. Brian L Murphy
Full Name (Last, First, Middle Initial)

Mailing Address 81 Mathewson Rd

City Barrington State RI Zip Code 02806-4429

FEC ID number of contributing federal political committee. **C**

Name of Employer RIMI Occupation Diagnostic Radiologist

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 26 / 2016
Transaction ID : C3291060

Amount of Each Receipt this Period 250.00

Memo Item

B. William A Murphy JR
Full Name (Last, First, Middle Initial)

Mailing Address UT MD Anderson Cancer Ctr
1515 Holcombe Blvd Unit 1475

City Houston State TX Zip Code 77030-4009

FEC ID number of contributing federal political committee. **C**

Name of Employer University of Texas Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 17 / 2016
Transaction ID : C3292288

Amount of Each Receipt this Period 1000.00

Memo Item

C. David Paul Neumann
Full Name (Last, First, Middle Initial)

Mailing Address 20 Pardons Wood Ln

City East Greenwich State RI Zip Code 02818-1446

FEC ID number of contributing federal political committee. **C**

Name of Employer Rhode Island Medical Imaging Occupation Diagnostic Radiologist

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 26 / 2016
Transaction ID : C3291061

Amount of Each Receipt this Period 250.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1500.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

A. Arthur W Noel
Full Name (Last, First, Middle Initial)

Mailing Address Rhode Island Medical Imaging Inc
20 Catamore Blvd

City East Providence State RI Zip Code 02914-1204

FEC ID number of contributing federal political committee. **C**

Name of Employer Rhode Island Medical Imaging Occupation Diagnostic Radiologist

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
03 / 26 / 2016
Transaction ID : **C3291062**

Amount of Each Receipt this Period
250.00

Memo Item

B. Richard B Noto
Full Name (Last, First, Middle Initial)

Mailing Address 1 Ferncliffe Rd

City Barrington State RI Zip Code 02806-4017

FEC ID number of contributing federal political committee. **C**

Name of Employer Rhode Island Medical Imaging Occupation Diagnostic Radiologist

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
03 / 26 / 2016
Transaction ID : **C3291063**

Amount of Each Receipt this Period
250.00

Memo Item

C. Daniel J O'Shea
Full Name (Last, First, Middle Initial)

Mailing Address W Reading Radiology Assoc
301 S 7th Ave Ste 135

City Reading State PA Zip Code 19612-6052

FEC ID number of contributing federal political committee. **C**

Name of Employer West Reading Radiology Associates Occupation Diagnostic Radiologist

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
03 / 21 / 2016
Transaction ID : **C3280915**

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

A. James W Owen III
Full Name (Last, First, Middle Initial)

Mailing Address 5300 SW Mission Ave

City Topeka State KS Zip Code 66610-9405

FEC ID number of contributing federal political committee. **C**

Name of Employer Radiology and Nuclear Medicine, LLC Occupation Diagnostic Radiologist

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 31 / 2016
Transaction ID : C3287524

Amount of Each Receipt this Period 500.00

Memo Item

B. Bora Ozel
Full Name (Last, First, Middle Initial)

Mailing Address 1909 Adams St

City Madison State WI Zip Code 53711-2145

FEC ID number of contributing federal political committee. **C**

Name of Employer UW Radiology Madison WI Occupation Diagnostic Radiologist

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 03 / 07 / 2016
Transaction ID : C3272968

Amount of Each Receipt this Period 365.00

Memo Item

C. Fred David Panzer
Full Name (Last, First, Middle Initial)

Mailing Address W6375 Firelane 8

City Menasha State WI Zip Code 54952-9746

FEC ID number of contributing federal political committee. **C**

Name of Employer Radiology Associates of Appleton Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 28 / 2016
Transaction ID : C3292164

Amount of Each Receipt this Period 300.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 1165.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

A. John K Park
Full Name (Last, First, Middle Initial)

Mailing Address 360 W Washington Ave Unit P102

City Madison State WI Zip Code 53703-2770

FEC ID number of contributing federal political committee. **C**

Name of Employer Univ of Connecticut Health Ctr Occupation Diagnostic Radiologist

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 18 / 2016
Transaction ID : C3280796

Amount of Each Receipt this Period 250.00

Memo Item

B. Neetin C Patel
Full Name (Last, First, Middle Initial)

Mailing Address 4221 Maryhill Dr

City Cedar City State IA Zip Code 50613-5786

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 24 / 2016
Transaction ID : C3283136

Amount of Each Receipt this Period 500.00

Memo Item

C. Sean David Paulsen MD
Full Name (Last, First, Middle Initial)

Mailing Address 548 Areva Rd Apt 68-8

City Roosevelt State UT Zip Code 84066-2221

FEC ID number of contributing federal political committee. **C**

Name of Employer Uintah Basin Medical Center Occupation Diagnostic Radiologist

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 04 / 2016
Transaction ID : C3269394

Amount of Each Receipt this Period 500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1250.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 103
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

A. James Alfred Pellegrini MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 527 E Wisconsin Ave
 City Neenah State WI Zip Code 54956-2966
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Radiology Associates of Appleton Occupation Diagnostic Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 28 / 2016
Transaction ID : C3292165
 Amount of Each Receipt this Period 300.00
 Memo Item

B. John Albert Pezzullo
 Full Name (Last, First, Middle Initial)
 Mailing Address 175 Downing Dr
 City Johnston State RI Zip Code 02919-6441
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rhode Island Medical Imaging Occupation Diagnostic Radiologist
 Receipt For: 2016 Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 26 / 2016
Transaction ID : C3291064
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Marcelle L Piccoello
 Full Name (Last, First, Middle Initial)
 Mailing Address Rhode Island Medical Imaging PO Box 14717
 City East Providence State RI Zip Code 02914-0717
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rhode Island Medical Imaging Occupation Diagnostic Radiologist
 Receipt For: 2016 Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 26 / 2016
Transaction ID : C3291065
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	800.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

A. Benjamin J Pomerantz MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 342 Plantation Dr
 City Kalispell State MT Zip Code 59901-6781
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northwest Imaging Occupation Diagnostic Radiologist
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 10 / 2016
Transaction ID : C3276890
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Curtis T Poor
 Full Name (Last, First, Middle Initial)
 Mailing Address 2415 Eagle Cir
 City Bettendorf State IA Zip Code 52722-6202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Radiology Group PC SC Occupation Diagnostic Radiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 03 / 2016
Transaction ID : C3282462
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Kent W Powley
 Full Name (Last, First, Middle Initial)
 Mailing Address 1431 Seymour Ct
 City Neenah State WI Zip Code 54956-4975
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Radiology Associates of Appleton Occupation Diagnostic Radiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 28 / 2016
Transaction ID : C3292166
 Amount of Each Receipt this Period
 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	900.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 103
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)
A. Ethan A Prince MD

Mailing Address 172 Wheeler Ave

City Cranston State RI Zip Code 02905-2710

FEC ID number of contributing federal political committee. **C**

Name of Employer Rhode Island Medical Imaging Occupation Interventional Radiologist

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 26 / 2016
Transaction ID : C3291066

Amount of Each Receipt this Period
 250.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Tyler Marshall Prout

Mailing Address 5853 Persimmon Dr

City Fitchburg State WI Zip Code 53711-5005

FEC ID number of contributing federal political committee. **C**

Name of Employer UW Health Occupation Diagnostic Radiologist

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 07 / 2016
Transaction ID : C3270928

Amount of Each Receipt this Period
 250.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Robert S Pyatt JR

Mailing Address 1391 Hearthside Dr

City Chambersburg State PA Zip Code 17202-3389

FEC ID number of contributing federal political committee. **C**

Name of Employer Chambersburg Imaging Associates Occupation Diagnostic Radiologist

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2016
Transaction ID : C3283645

Amount of Each Receipt this Period
 365.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	865.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

A. Kent S Quinn
Full Name (Last, First, Middle Initial)

Mailing Address 1713 NW 102nd St

City Clive State IA Zip Code 50325-6725

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed
Occupation Diagnostic Radiologist

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
03 / 24 / 2016
Transaction ID : **C3283135**

Amount of Each Receipt this Period
500.00

Memo Item

B. Robert J Rapoport
Full Name (Last, First, Middle Initial)

Mailing Address 17 Wedgewood Dr

City Delmar State NY Zip Code 12054-1323

FEC ID number of contributing federal political committee. **C**

Name of Employer Albany Advanced Imaging
Occupation Diagnostic Radiologist

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
03 / 05 / 2016
Transaction ID : **C3270866**

Amount of Each Receipt this Period
1000.00

Memo Item

C. James Vincent Rawson
Full Name (Last, First, Middle Initial)

Mailing Address 718 Marsh Point Rd

City Evans State GA Zip Code 30809

FEC ID number of contributing federal political committee. **C**

Name of Employer Medical College of Georgia
Occupation Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.02

Date of Receipt
03 / 06 / 2016
Transaction ID : **C3270896**

Amount of Each Receipt this Period
83.34

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1583.34
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

A. Susan L Rebsamen
Full Name (Last, First, Middle Initial)

Mailing Address Univ of Wisconsin Radiology
600 Highland Ave E1/315

City Madison State WI Zip Code 53792-3252

FEC ID number of contributing federal political committee. **C**

Name of Employer UW Medical School, Madison, WI Occupation Diagnostic Radiologist

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 30 / 2016
Transaction ID : C3286254

Amount of Each Receipt this Period 250.00

Memo Item

B. Ralph Lee Reichle
Full Name (Last, First, Middle Initial)

Mailing Address 259 Independence Rd

City Concord State MA Zip Code 01742-2655

FEC ID number of contributing federal political committee. **C**

Name of Employer Schatzki Associates, Inc. Occupation Diagnostic Radiologist

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 03 / 31 / 2016
Transaction ID : C3290937

Amount of Each Receipt this Period 400.00

Memo Item

C. Mark S Ridlen
Full Name (Last, First, Middle Initial)

Mailing Address 50 Park Row W Apt 818

City Providence State RI Zip Code 02903-1151

FEC ID number of contributing federal political committee. **C**

Name of Employer Rhode Island Medical Imaging Occupation Diagnostic Radiologist

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 26 / 2016
Transaction ID : C3291067

Amount of Each Receipt this Period 250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	900.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

A. Robert J Rienzo
 Full Name (Last, First, Middle Initial)
 Mailing Address Medical Imaging at Lehigh Valley
 1200 S Cedar Crest Blvd
 City Allentown State PA Zip Code 18103-6248
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medical Imaging of Lehigh Valley Occupation Diagnostic Radiologist
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 17 / 2016
Transaction ID : C3278442
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Jeffrey M Rogg
 Full Name (Last, First, Middle Initial)
 Mailing Address 60 Pheasant Dr
 City East Greenwich State RI Zip Code 02818-1348
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rhode Island Hospital Occupation Diagnostic Radiologist
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 26 / 2016
Transaction ID : C3291068
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Philip Arthur Rogoff
 Full Name (Last, First, Middle Initial)
 Mailing Address 58 Rogers Rd
 City Carlisle State MA Zip Code 01741-1865
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Schatzki Associates Occupation Interventional Radiologist
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2016
Transaction ID : C3290934
 Amount of Each Receipt this Period
 400.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	900.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

A. Donald F Romanelli
Full Name (Last, First, Middle Initial)

Mailing Address 31 Smith Pl

City Cambridge State MA Zip Code 02138-1007

FEC ID number of contributing federal political committee. **C**

Name of Employer Schatzki Associates, Inc. Occupation Diagnostic Radiologist

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2016
Transaction ID : C3290943

Amount of Each Receipt this Period
 400.00

Memo Item

B. Ronald Ruff
Full Name (Last, First, Middle Initial)

Mailing Address 3198 Chula Vista Cir

City Salt Lake City State UT Zip Code 84121

FEC ID number of contributing federal political committee. **C**

Name of Employer Mountain Medical Occupation Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 23 / 2016
Transaction ID : C3282276

Amount of Each Receipt this Period
 250.00

Memo Item

C. Jennifer Lee Rush
Full Name (Last, First, Middle Initial)

Mailing Address 9573 25th Bay St

City Norfolk State VA Zip Code 23518-1801

FEC ID number of contributing federal political committee. **C**

Name of Employer Medical Center Radiologists Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1150.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2016
Transaction ID : C3292431

Amount of Each Receipt this Period
 1150.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1800.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 76 OF 103
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)
A. Michael L Sachenik

Mailing Address 1 Vireo Dr

City State Zip Code
Wyomissing PA 19610-2829

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
West Reading Radiology Associates Diagnostic Radiologist

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
03 / 29 / 2016
Transaction ID : C3284988

Amount of Each Receipt this Period
750.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Arthur D Sandy

Mailing Address 2136 Peacock Lane

City State Zip Code
Birmingham AL 35223-1708

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Advanced Imaging Assoc of AL Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
03 / 27 / 2016
Transaction ID : C3284204

Amount of Each Receipt this Period
100.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Jacques Pierre Sasson

Mailing Address 228 Wolcott Rd

City State Zip Code
Chestnut Hill MA 02467-3170

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Schatzki Associates, Inc. Diagnostic Radiologist

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
03 / 31 / 2016
Transaction ID : C3290938

Amount of Each Receipt this Period
400.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1250.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 103
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

A. Nicholas John Satovick
 Full Name (Last, First, Middle Initial)
 Mailing Address 320 Sunnyview Lane
 City Kalispell State MT Zip Code 59901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NW Imaging Occupation Radiologist
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 10 / 2016
Transaction ID : C3276891
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. mary H scanlon
 Full Name (Last, First, Middle Initial)
 Mailing Address 532 college ave
 City haverford State PA Zip Code 19041-1112
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PENN Occupation Radiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 24 / 2016
Transaction ID : C3283160
 Amount of Each Receipt this Period
 1000.00
 Memo Item

c. Albert A Scappaticci MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 30 Berkshire Ave
 City Sharon State MA Zip Code 02067-1829
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RIMI Occupation Diagnostic Radiologist
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 26 / 2016
Transaction ID : C3291081
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1750.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)
A. Charles D Scheil

Mailing Address 281 44th Avenue Cir NW

City State Zip Code
Hickory NC 28601-9016

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Catawba Radiological Associates, Inc. Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.74

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 17 / 2016

Transaction ID : C3295539

Amount of Each Receipt this Period
230.74

Memo Item

Full Name (Last, First, Middle Initial)
B. Jeremy D Schiller

Mailing Address 14 Broad St

City State Zip Code
Salem MA 01970-3144

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Schatzki Associates, Inc. Diagnostic Radiologist

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : C3290944

Amount of Each Receipt this Period
400.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Kurt A Schoppe

Mailing Address 3212 Heritage Cv

City State Zip Code
Grapevine TX 76051-1104

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Radiology Associates of North Texas Diagnostic Radiologist

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 21 / 2016

Transaction ID : C3280916

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1630.74

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 79 OF 103
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

A. Donald James Schumacher
Full Name (Last, First, Middle Initial)

Mailing Address 347 Rice Ln

City State Zip Code
Whitefish MT 59937-8558

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Northwest Imaging Diagnostic Radiologist

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 10 / 2016

Transaction ID : C3276892

Amount of Each Receipt this Period
500.00

Memo Item

B. Shawyon Shadman MD
Full Name (Last, First, Middle Initial)

Mailing Address 1816 Adams St

City State Zip Code
Madison WI 53711-2144

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self-employed Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 23 / 2016

Transaction ID : C3283212

Amount of Each Receipt this Period
250.00

Memo Item

C. Sean Kevin Shannahan
Full Name (Last, First, Middle Initial)

Mailing Address 4018 Manitou Way

City State Zip Code
Madison WI 53711-3012

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Univ of Wisconsin Hosp & Clinic Diagnostic Radiologist

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 23 / 2016

Transaction ID : C3283213

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 103
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

A. Michael J Shortsleeve
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 Granville Rd
 City Lincoln State MA Zip Code 01773-3106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Schatzki Associates, Inc. Occupation Diagnostic Radiologist
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2016
Transaction ID : C3290933
 Amount of Each Receipt this Period
 400.00
 Memo Item

B. Rebecca Tauber Sivarajah MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2 Burgundy Dr
 City Mohnton State PA Zip Code 19540-8904
 FEC ID number of contributing federal political committee. **C**
 Name of Employer West Reading Radiology Associates Occupation Diagnostic Radiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 30 / 2016
Transaction ID : C3286257
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Michael L Sloan
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 1646
 City Cheyenne State WY Zip Code 82003-1646
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Casper Medical Imaging, P.C. Occupation Diagnostic Radiologist
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 01 / 2016
Transaction ID : C3295549
 Amount of Each Receipt this Period
 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1400.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 103
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)
A. Geoffrey Giles Smith

Mailing Address Casper Medical Imaging
419 S Washington St Ste 101

City Casper State WY Zip Code 82601-2991

FEC ID number of contributing federal political committee. **C**

Name of Employer Casper Medical Imaging Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 01 / 2016
Transaction ID : C3282292

Amount of Each Receipt this Period
1500.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Gregory Michael Soares

Mailing Address Rhode Island Hospital
593 Eddy St

City Providence State RI Zip Code 02903-4923

FEC ID number of contributing federal political committee. **C**

Name of Employer RI Medical Imaging Occupation Diagnostic Radiologist

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 26 / 2016
Transaction ID : C3291069

Amount of Each Receipt this Period
250.00

Memo Item

Full Name (Last, First, Middle Initial)
c. Julie H Song

Mailing Address 9 Lu Stubbs Ln

City Sharon State MA Zip Code 02067-2367

FEC ID number of contributing federal political committee. **C**

Name of Employer Rhode Island Medical Imaging Occupation Diagnostic Radiologist

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 26 / 2016
Transaction ID : C3291070

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	2000.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

A. John Edward Sowin
Full Name (Last, First, Middle Initial)

Mailing Address 66 Brentwood Ln

City Appleton State WI Zip Code 54915-7217

FEC ID number of contributing federal political committee. **C**

Name of Employer Radiology Associates of Applet Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 28 / 2016
Transaction ID : C3292167

Amount of Each Receipt this Period 300.00

Memo Item

B. Benjamin Zion Stallings II
Full Name (Last, First, Middle Initial)

Mailing Address 2100 Sahalea Ter

City Silver Spring State MD Zip Code 20905-3900

FEC ID number of contributing federal political committee. **C**

Name of Employer DIA Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 06 / 2016
Transaction ID : C3270897

Amount of Each Receipt this Period 250.00

Memo Item

C. Charles Stepherson
Full Name (Last, First, Middle Initial)

Mailing Address 832 Graffin Lane

City Deerfield State WI Zip Code 53531

FEC ID number of contributing federal political committee. **C**

Name of Employer University of Wisconsin Occupation Radiologist

Receipt For: 2016 Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 30 / 2016
Transaction ID : C3286195

Amount of Each Receipt this Period 250.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 800.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)
A. Alan Howard Stolpen

Mailing Address Univ of Iowa Hosp and Clinics
200 Hawkins Dr

City Iowa City State IA Zip Code 52242-1009

FEC ID number of contributing federal political committee. **C**

Name of Employer Univ of Iowa Hosp and Clinics Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **03 / 27 / 2016**

Transaction ID : C3284205

Amount of Each Receipt this Period **500.00**

Memo Item

Full Name (Last, First, Middle Initial)
B. Daniel F Sulser

Mailing Address 5280 Squaw Creek Rd

City Casper State WY Zip Code 82604-4257

FEC ID number of contributing federal political committee. **C**

Name of Employer Casper Medical Imaging, P.C. Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **03 / 01 / 2016**

Transaction ID : C3282296

Amount of Each Receipt this Period **500.00**

Memo Item

Full Name (Last, First, Middle Initial)
C. Susan Sung MD

Mailing Address 527 E Wisconsin Ave

City Neenah State WI Zip Code 54956-2966

FEC ID number of contributing federal political committee. **C**

Name of Employer Radiology Associates of Appleton Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **03 / 28 / 2016**

Transaction ID : C3292168

Amount of Each Receipt this Period **300.00**

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1300.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

A. David W Swenson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 66 Fairway Dr
 City State Zip Code
 Brooklyn CT 06234-3315
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Rhode Island Hospital Diagnostic Radiologist
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 26 / 2016
Transaction ID : C3291082
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Margaret M Szabunio
 Full Name (Last, First, Middle Initial)
 Mailing Address 317 Golf Club Dr
 City State Zip Code
 Nicholasville KY 40356-6016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Univ. of KY Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 03 / 2016
Transaction ID : C3267952
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Knox Randolph Tate
 Full Name (Last, First, Middle Initial)
 Mailing Address 809 8th Ave NW
 City State Zip Code
 Hickory NC 28601-3548
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Catawba Radiological Associates Diagnostic Radiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 231.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 17 / 2016
Transaction ID : C3295540
 Amount of Each Receipt this Period
 231.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	731.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 103
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)
A. Richard N Taxin

Mailing Address 5 Hilltop Rd

City Rose Valley State PA Zip Code 19086-6216

FEC ID number of contributing federal political committee. **C**

Name of Employer Southeast Radiology Occupation Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 23 / 2016
Transaction ID : C3282271

Amount of Each Receipt this Period
520.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Shawn DeWayne Teague

Mailing Address 11844 Tarver Ct

City Fishers State IN Zip Code 46037-8277

FEC ID number of contributing federal political committee. **C**

Name of Employer Indiana Univ School of Medicine Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 27 / 2016
Transaction ID : C3295545

Amount of Each Receipt this Period
100.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Siew Koon Teoh

Mailing Address 196 E Emerson Rd

City Lexington State MA Zip Code 02420-2134

FEC ID number of contributing federal political committee. **C**

Name of Employer Schatzki Associates, Inc. Occupation Diagnostic Radiologist

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2016
Transaction ID : C3290945

Amount of Each Receipt this Period
400.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1020.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 103
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

A. Francis Joseph Thornton
 Full Name (Last, First, Middle Initial)
 Mailing Address 3871 Caribou Rd
 City Verona State WI Zip Code 53593-8664
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UW Radiology, Madison, WI Occupation Diagnostic Radiologist
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 06 / 2016
Transaction ID : C3270906
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Joshua G Tice MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 118 Logan Ave
 City Wyomissing State PA Zip Code 19610-2618
 FEC ID number of contributing federal political committee. **C**
 Name of Employer West Reading Radiology Associates Occupation Diagnostic Radiologist
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 13 / 2016
Transaction ID : C3274965
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Glenn A Tung
 Full Name (Last, First, Middle Initial)
 Mailing Address 12 Knife Shop Ln
 City Sharon State MA Zip Code 02067-2274
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Brown Univ Sch of Medicine Occupation Diagnostic Radiologist
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 26 / 2016
Transaction ID : C3291071
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 103
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

A. Clement R Vaughan
 Full Name (Last, First, Middle Initial)
 Mailing Address Northwest Imaging
 PO Box 9110
 City Kalispell State MT Zip Code 59904-2110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northwest Imaging, P.C. Occupation Diagnostic Radiologist
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 10 / 2016
Transaction ID : C3276893
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Brent Joseph Wagner
 Full Name (Last, First, Middle Initial)
 Mailing Address Reading Hospital
 6th Ave and Spruce St
 City Reading State PA Zip Code 19612-6052
 FEC ID number of contributing federal political committee. **C**
 Name of Employer West Reading Radiology Associates Occupation Diagnostic Radiologist
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 11 / 2016
Transaction ID : C3274414
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Michael Tide Wallach
 Full Name (Last, First, Middle Initial)
 Mailing Address Rhode Island Hospital
 593 Eddy St
 City Providence State RI Zip Code 02903-4970
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rhode Island Hospital Occupation Diagnostic Radiologist
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 26 / 2016
Transaction ID : C3291072
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 88 OF 103
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

A. Simon Westacott
Full Name (Last, First, Middle Initial)
Mailing Address 1965 Glendower Dr
City Lancaster State PA Zip Code 17601-4945
FEC ID number of contributing federal political committee. **C**
Name of Employer Lancaster Radiology Associates Occupation Diagnostic Radiologist
Receipt For: 2016
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 03 / 2016
Transaction ID : C3279785
Amount of Each Receipt this Period 100.00
 Memo Item

B. Mark D Wittry
Full Name (Last, First, Middle Initial)
Mailing Address 10525 Concord School Rd
City Saint Louis State MO Zip Code 63128-1232
FEC ID number of contributing federal political committee. **C**
Name of Employer West County Radiological Group, Inc. Occupation Cardiac Radiologist
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 250.02

Date of Receipt 03 / 14 / 2016
Transaction ID : C3275023
Amount of Each Receipt this Period 83.34
 Memo Item

C. Cathleen Ann Woomert
Full Name (Last, First, Middle Initial)
Mailing Address 81 Maple Ridge Rd
City Millville State PA Zip Code 17846-8933
FEC ID number of contributing federal political committee. **C**
Name of Employer Geisinger Clinic Occupation Diagnostic Radiologist
Receipt For: 2016
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 03 / 30 / 2016
Transaction ID : C3286255
Amount of Each Receipt this Period 5000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	5183.34
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 103
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

A. Don Chan Yoo
 Full Name (Last, First, Middle Initial)
 Mailing Address 10 Wood Duck Ct
 City East Greenwich State RI Zip Code 02818-1350
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rhode Island Medical Imaging Occupation Diagnostic Radiologist
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 26 / 2016
Transaction ID : C3291073
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Beth Zigmund MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 412 Spruce St
 City Haddonfield State NJ Zip Code 08033-1620
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Pennsylvania Occupation Diagnostic Radiologist
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 20 / 2016
Transaction ID : C3280876
 Amount of Each Receipt this Period
 400.00
 Memo Item

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	650.00
TOTAL This Period (last page this line number only).....▶	107858.51

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Bank of America - Hard

Mailing Address PO Box 27025

City Richmond State VA Zip Code 23261-7025

Purpose of Disbursement
Bank Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y
03 / 31 / 2016

Transaction ID : D172399

Amount of Each Disbursement this Period

1638.49

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

1638.49

1638.49

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. BLUE DOG POLITICAL ACTION COMMITTEE

Mailing Address 6849 OLD DOMINION DRIVE
SUITE 222

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
Contribution to a Leadership PAC

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : D172217

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Justin Grabelle for Congress

Mailing Address PO Box 187

City Brooksville State FL Zip Code 34605

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : D172393

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. LEGPAC

Mailing Address 38 IVY ST., SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
Contribution to a Leadership PAC

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : D172220

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. Friends of Raja for Congress

Mailing Address PO Box 681202

City State Zip Code
Schaumburg IL 60168

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 03 / 2016

Transaction ID : D172392

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. PEOPLE FOR BEN

Mailing Address PO BOX 31129

City State Zip Code
SANTA FE NM 87594

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name

Rep. Ben Ray Lujan

Office Sought: House Senate President
State: NM District: 03

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : D172222

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. GUTHRIE FOR CONGRESS

Mailing Address PO BOX 9639

City State Zip Code
BOWLING GREEN KY 42102

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name

Rep. Brett Guthrie

Office Sought: House Senate President
State: KY District: 02

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 03 / 2016

Transaction ID : D172007

Amount of Each Disbursement this Period

1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

5500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. MATSUI FOR CONGRESS

Mailing Address PO BOX 1738

City State Zip Code
SACRAMENTO CA 95812

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name

Rep. Doris Matsui

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 06

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : D172221

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. BUDDY CARTER FOR CONGRESS

Mailing Address 200 E ST JULIAN ST SUITE 603

City State Zip Code
SAVANNAH GA 31401

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name

Rep. Earl L. Carter

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: GA District: 01

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 03 / 2016

Transaction ID : D172011

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. JENKINS FOR CONGRESS

Mailing Address PO BOX 727

City State Zip Code
HUNTINGTON WV 25711

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name

Rep. Evan Jenkins

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WV District: 03

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 03 / 2016

Transaction ID : D172014

Amount of Each Disbursement this Period

1500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

5000.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. PALLONE FOR CONGRESS

Mailing Address PO BOX 3176

City State Zip Code
LONG BRANCH NJ 07740

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name
Rep. Frank Pallone Jr.

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: NJ District: 06

Date of Disbursement

MM / DD / YYYY
03 / 03 / 2016

Transaction ID : D172013

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. UPTON FOR ALL OF US

Mailing Address P.O. BOX 490

City State Zip Code
ST. JOSEPH MI 49085

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name
Rep. Fred Upton

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: MI District: 06

Date of Disbursement

MM / DD / YYYY
03 / 03 / 2016

Transaction ID : D172017

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. GENE GREEN CONGRESSIONAL CAMPAIGN

Mailing Address PO BOX 16128

City State Zip Code
HOUSTON TX 77222

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name
Rep. Gene Green

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: TX District: 29

Date of Disbursement

MM / DD / YYYY
03 / 03 / 2016

Transaction ID : D172002

Amount of Each Disbursement this Period

1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

8500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. JACKIE SPEIER FOR CONGRESS

Mailing Address PO BOX 112

City BURLINGAME State CA Zip Code 94011

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name
Rep. Jackie Speier

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: CA District: 14

Date of Disbursement

MM / DD / YYYY
03 / 03 / 2016

Transaction ID : D172012

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. VOLUNTEERS FOR SHIMKUS

Mailing Address PO BOX 661

City COLLINSVILLE State IL Zip Code 62234

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name
Rep. John Shimkus

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: IL District: 15

Date of Disbursement

MM / DD / YYYY
03 / 03 / 2016

Transaction ID : D172020

Amount of Each Disbursement this Period

3000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. KAY GRANGER CAMPAIGN FUND

Mailing Address 715 JONES STREET, SUITE 101

City FORT WORTH State TX Zip Code 76102

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name
Rep. Kay Granger

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: TX District: 12

Date of Disbursement

MM / DD / YYYY
03 / 03 / 2016

Transaction ID : D172003

Amount of Each Disbursement this Period

1500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

6000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. BRADY FOR CONGRESS

Mailing Address PO BOX 8277

City THE WOODLANDS State TX Zip Code 77387

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name

Rep. Kevin Brady

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: TX District: 08

Date of Disbursement

MM / DD / YYYY
03 / 03 / 2016

Transaction ID : D172008

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. KEVIN MCCARTHY FOR CONGRESS

Mailing Address PO BOX 12667

City BAKERSFIELD State CA Zip Code 93389

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name

Rep. Kevin McCarthy

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 23

Date of Disbursement

MM / DD / YYYY
03 / 03 / 2016

Transaction ID : D172010

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. ZELDIN FOR CONGRESS

Mailing Address 47 FLINTLOCK DRIVE

City SHIRLEY State NY Zip Code 11967

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name

Rep. Lee Zeldin

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NY District: 01

Date of Disbursement

MM / DD / YYYY
03 / 31 / 2016

Transaction ID : D172225

Amount of Each Disbursement this Period

2000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

9500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. MARTHA ROBY FOR CONGRESS

Mailing Address PO BOX 195

City MONTGOMERY State AL Zip Code 36101

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name
Rep. Martha Roby

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: AL District: 02

Date of Disbursement

MM / DD / YYYY
03 / 03 / 2016

Transaction ID : D171996

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. SIMPSON FOR CONGRESS

Mailing Address 1487 PARKWAY DRIVE

City BLACKFOOT State ID Zip Code 83221

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name
Rep. Mike Simpson

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: ID District: 02

Date of Disbursement

MM / DD / YYYY
03 / 03 / 2016

Transaction ID : D172004

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. WALTERS FOR CONGRESS

Mailing Address C/O 8001 IRVINE CENTER DRIVE, #400

City IRVINE State CA Zip Code 92618

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name
Rep. Mimi Walters

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: CA District: 45

Date of Disbursement

MM / DD / YYYY
03 / 31 / 2016

Transaction ID : D172224

Amount of Each Disbursement this Period

1500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

4500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. TIBERI FOR CONGRESS

Mailing Address 2931 E DUBLIN GRANVILLE ROAD

City COLUMBUS State OH Zip Code 43231

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name

Rep. Pat Tiberi

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OH District: 12

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : D172204

Amount of Each Disbursement this Period

9000.00 5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. PAUL GOSAR FOR CONGRESS

Mailing Address PO BOX 2967

City PRESCOTT State AZ Zip Code 86302

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name

Rep. Paul R. Gosar

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: AZ District: 04

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 03 / 2016

Transaction ID : D172015

Amount of Each Disbursement this Period

9000.00 2000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. ROSKAM FOR CONGRESS COMMITTEE

Mailing Address P. O. BOX 713

City WHEATON State IL Zip Code 60187

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name

Rep. Peter Roskam

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IL District: 06

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 03 / 2016

Transaction ID : D172019

Amount of Each Disbursement this Period

9000.00 2000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

9000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. HUDSON FOR CONGRESS

Mailing Address PO BOX 5053

City CONCORD State NC Zip Code 28027

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name
Rep. Richard Hudson

Office Sought: House Senate President
Disbursement For: 2016
 Primary General
 Other (specify) ▼
State: NC District: 08

Date of Disbursement

MM / DD / YYYY
03 / 03 / 2016

Transaction ID : D172005

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. HUDSON FOR CONGRESS

Mailing Address PO BOX 5053

City CONCORD State NC Zip Code 28027

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name
Rep. Richard Hudson

Office Sought: House Senate President
Disbursement For: 2016
 Primary General
 Other (specify) ▼
State: NC District: 08

Date of Disbursement

MM / DD / YYYY
03 / 03 / 2016

Transaction ID : D172006

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. SCALISE FOR CONGRESS

Mailing Address PO BOX 23219

City JEFFERSON State LA Zip Code 70183

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name
Rep. Steve Scalise

Office Sought: House Senate President
Disbursement For: 2016
 Primary General
 Other (specify) ▼
State: LA District: 01

Date of Disbursement

MM / DD / YYYY
03 / 03 / 2016

Transaction ID : D172009

Amount of Each Disbursement this Period

3000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

10000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. FRIENDS OF JOHN MCCAIN INC

Mailing Address 228 S WASHINGTON STREET SUITE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name

Sen. John McCain

Office Sought: House
 Senate
 President
State: AZ District: 00

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 31 / 2016

Transaction ID : D172219

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. BENNET FOR COLORADO

Mailing Address PO BOX 3078

City DENVER State CO Zip Code 80201

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name

Sen. Michael Bennet

Office Sought: House
 Senate
 President
State: CO District: 00

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 31 / 2016

Transaction ID : D172216

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. FRIENDS OF ROY BLUNT

Mailing Address PO BOX 10178

City COLUMBIA State MO Zip Code 65205

Purpose of Disbursement
Contribution to a Federal Campaign

Candidate Name

Sen. Roy Blunt

Office Sought: House
 Senate
 President
State: MO District: 00

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 31 / 2016

Transaction ID : D172218

Amount of Each Disbursement this Period

1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

7000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American College of Radiology Association PAC

Full Name (Last, First, Middle Initial)

A. SHORE PAC

Mailing Address P.O. BOX 3157

City State Zip Code
LONG BRANCH NJ 07740

Purpose of Disbursement
Contribution to a Leadership PAC

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : D172223

Amount of Each Disbursement this Period

3500.00

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

3500.00

106000.00

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) American College of Radiology Association PAC	FEC IDENTIFICATION NUMBER ▼ C C00343459
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee Prevail Strategies <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 03 / 01 / 2016
Mailing Address 7309A Colina Vista Loop	Amount 16982.86
City State Zip Code Austin TX 78750	Transaction ID : D171440 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 03 / 01 / 2016
Purpose of Expenditure Printed Advertising for Mailing	Category/Type
Name of Federal Candidate Rep. John Shimkus	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <u>15</u> <input type="checkbox"/> President State: <u>IL</u>
Calendar Year-To-Date Per Election for Office Sought 41220.24	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y
Mailing Address	Amount
City State Zip Code	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y
Purpose of Expenditure	Category/Type
Name of Federal Candidate	<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: _____
Calendar Year-To-Date Per Election for Office Sought 	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	 16982.86
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	 16982.86

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Richard Taxin MD

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
04 / 19 / 2016